## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/594429

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |  |   |   |                  |                         | SMALL ENTITY TYPE   |                        |    | OTHER THAN SMALL ENTITY |                        |  |
|---|--|---|--|---|---|------------------|-------------------------|---------------------|------------------------|----|-------------------------|------------------------|--|
| U.S.  | NATIONAL S                                     | TAGE FEES                                       | T  | -                                       |   |                  | Γ                       | RATE                | FEE                    |    | RATE                    | FEE                    |  |
| BAS   | IC FEE   | <del></del>                                     | SMALL ENT.                                 | = \$ 150                                | LARGE ENT. = \$ 300                       |                  |                         | BASIC FEE           | 150                    | OR | BASIC FEE               | <del></del>            |  |
| EXA   | MINATION FEE                                   | Ξ   | Satisfies PCT Ar<br>(4) = \$50             |   | All other situations = \$ 100 / \$ 200    |                  |                         | XAM. FEE            |                        |    | EXAM. FEE               |                        |  |
| SEA   | RCH FEE  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ntries =                                | ALL other situations =<br>\$ 250 / \$ 500 |                  | s                       | SEARCH FEE          |                        |    | SEARCH FEE              |                        |  |
| FEE   | FOR EXTRA SI                                   | PEC. PGS.                                       | 12 minu                                    | us 100 =                                | / 50 =                                    |                  |                         | X \$ 125 =          |                        |    | X \$ 250 =              |                        |  |
| τοτ   | AL CHARGEAB                                    | LE CLAIMS                                       | € mir                                      | nus 20 =                                | * ¬                                       |                  |                         | X \$ 25 =           |                        | OR | X \$ 50 =               |                        |  |
| INDE  | PENDENT CL                                     | AIMS  | 3 minus 3 = * ~                            |   |   |                  |                         | X \$ 100 =          |                        | OR | X \$ 200 =              |                        |  |
| MUL   | TIPLE DEPEND                                   | DENT CLAIM PRE                                  | ESENT                                      |   |   |                  |                         | + \$ 180 =          |                        | OR | + \$ 360 =              |                        |  |
| * If  | the difference                                 | in column 1 is l                                | ess than zero                              | han zero, enter "0" in column 2         |   |                  |                         | TOTAL               | 150                    | OR | TOTAL                   |                        |  |
|   | (  | (Column 3)                                      |  | SMALL ENTITY                            |   |                  | OTHER THAN SMALL ENTITY |                     |                        |    |                         |                        |  |
| AMENDMENT A   | · v  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |  | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>IBER<br>OUSLY                     | PRESENT<br>EXTRA |                         | RATE                | ADDI-<br>TIONAL<br>FEE | OR | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **                                      |   | =                |                         | X \$ 25 =           |                        | OR | X \$ 50 =               |                        |  |
|   | Independent                                    | *   | Minus                                      | ***                                     |   | =                |                         | X \$ 100 =          |                        | OR | X \$ 200 =              |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |   |                  |                         | + \$ 180 =          |                        | OR | + \$ 360 =              | Ē                      |  |
|   |  | ,   |  |   |   |                  | <b>י</b>                | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE     |                        |  |
|   | ·  | (Column 1)                                      |  | (Colu                                   | mn 2)                                     | (Column 3)       |                         |                     |                        |    |                         |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | NUM<br>PREVI                            | HEST<br>IBER<br>OUSLY<br>FOR              | PRESENT<br>EXTRA |                         | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **                                      |   | =                |                         | X \$ 25 =           |                        | OR | X \$ 50 =               |                        |  |
|   | Independent                                    | *   | Minus                                      | ***                                     |   | = .              |                         | X \$ 100 =          |                        | OR | X \$ 200 =              |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |   |                  |                         | + \$ 180 =          |                        | OR | + \$ 360 =              |                        |  |
|   |  |   |  |   |   |                  |                         | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE     |                        |  |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> </ul> |  |   |  |   |   |                  |                         |                     |                        |    |                         |                        |  |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.